Date: .......................................... .......................................................

**Patient Placement/Assessment of Risk**

- **Patient isolated in a single room with en suite facilities/own commode and negative pressure ventilation if available. If a single room is not available, an IPC risk assessment is completed. (see appendix 1)**
  - Stop isolation after patient has received 14 days of appropriate antibiotics and shown definite clinical improvement. (if XDR or MRD TB, isolate until discharge).
- Place yellow isolation sign on the door to the isolation room
- Door to isolation room is closed when not in use. If for any reason this is not appropriate then an IPC risk assessment is completed.

**Hand Hygiene (HH)**

- All staff must use correct 6 step technique for hand washing at 5 key moments. Alcohol hand gel can be used on visibly clean hands.
- HH facilities are offered to patient after using the toilet or during coughing/sneezing episodes and prior to mealtimes etc. (clinical wash hand basin/wipes where applicable)

**Personal Protective Clothing (PPE)**

- Disposable gloves, yellow apron and an FFP3 mask are worn for all direct contact with the patient and their equipment/environment. Aprons and gloves are removed before and FFP3 mask after leaving the isolation room and discarded as healthcare/clinical waste. **HH must follow removal of PPE. (AGP list below)**
- Visitors participating in patient care are offered appropriate PPE as above.

**Safe Management of Care Equipment**

- Single-use items are used where possible or equipment is dedicated to patient while in isolation.
- There are no non-essential items in room. (e.g. Excessive patient belongings)
- Twice daily decontamination of the patient equipment by HCW is in place using 1,000 ppm solution of Actichlor Plus (or equivalent)

**Safe Management of Care Environment**

- Twice daily clean of isolation room is completed by Domestic services, using of a solution of 1,000 ppm Actichlor Plus (or equivalent). A terminal clean will be arranged on day of discharge/end of isolation.

**Laundry and Clinical/Healthcare waste**

- All laundry is placed in a water soluble bag, then into a secondary plastic bag, then into a laundry bag
- Clean linen is not stored in the isolation room.
- All waste is disposed of as clinical/healthcare waste

**Information for patients and their carers**

- The patient has been given information on their infection/isolation and provided with a patient information leaflet (PIL) if available
- If taking soiled clothing home, carers have been issued with a Washing Clothes at Home PIL. (NB. Personal laundry is placed into a water soluble bag and then into a patient clothing bag before being given to carer to take home)

**HCW Daily Initial:**

**Infection Prevention and Control Care Checklist – Pulmonary Tuberculosis**

This Care checklist should be used with patients who are suspected or known to have pulmonary tuberculosis, while considered infectious, then signed off at end of the isolation period/discharge. Each criteria should be ticked ✓ if in place or X if not, every day while isolation is required. On any day that the criteria cannot be met, the risk assessment should be completed (Appendix 1)

**Date Isolation commenced:** …………………………………………………………………………

<table>
<thead>
<tr>
<th>Patient Placement/ Assessment of Risk</th>
<th>Daily check (✓/X)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient isolated in a single room with en suite facilities/own commode and negative pressure ventilation if available. If a single room is not available, an IPC risk assessment is completed. (see appendix 1)</td>
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<td>Place yellow isolation sign on the door to the isolation room</td>
<td>Door to isolation room is closed when not in use. If for any reason this is not appropriate then an IPC risk assessment is completed.</td>
</tr>
</tbody>
</table>

**List of AGPs**

- Intubation, extubation and related procedures e.g. Manual Ventilation
- Tracheostomy/tracheotomy procedures
- Bronchoscopy
- Surgery and post mortem procedures in which high speed devices are used to open respiratory tract
- Dental procedures
- Non-invasive ventilation (NIV) e.g. Bi-level positive airway pressure ventilation (BIPAP), continuous positive airway pressure ventilation (CPAP)
- Hi-frequency oscillatory ventilation
- Induction of sputum

<table>
<thead>
<tr>
<th>Specimen</th>
<th>Date Sent</th>
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<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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</tbody>
</table>
Appendix 1: Infection Prevention and Control Risk Assessment
(for patients with known or suspected infection that cannot be isolated)

Daily Assessment / Review Required

<table>
<thead>
<tr>
<th>Comments</th>
<th>Date</th>
<th>Date</th>
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<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td><strong>Daily Assessment Performed by</strong></td>
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<tr>
<td><strong>Known or suspected Infection</strong> e.g. loose stools, respiratory infection, pulmonary tuberculosis.</td>
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<tr>
<td><strong>Infection Control Risk</strong>, e.g. unable to isolate, unable to close door of isolation room.</td>
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<tr>
<td><strong>Reason unable to isolate</strong> / close door to isolation room, e.g. falls risk, observation required, clinical condition.</td>
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<tr>
<td><strong>Additional Precautions</strong> put in place to reduce risk of transmission, e.g. nursed next to a clinical wash hand basin, at end of ward, trolley containing appropriate PPE at end of bed, next to low risk patient, clinical waste bin placed next to bed space.</td>
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<td><strong>Infection Prevention and Control have been informed</strong> of patient’s admission and are aware of inability to adhere to IPC Policy?</td>
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<td><strong>Yes / No</strong></td>
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</tbody>
</table>

Summary Detail of Resolution

Daily risk assessments are no longer required

Signed

Date